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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION

Botswana

The Executive Director recommends that the Executive Board approve the country programme of Botswana for the period 1995 to 1999 in the amount of $5 million from general resources, subject to the availability of funds, and $9 million in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Botswana is within striking distance of the mid-decade goals and goals for the year 2000. Over the past three decades, the infant mortality rate (IMR) has fallen from the 1960 level of 117 per 1,000 live births to 45 per 1,000 in 1992, while the under-five mortality rate (U5MR) has dropped from 170 to 58 per 100,000 live births. Nationwide, prevalence of moderate malnutrition, which was close to 30 per cent in 1980, had dropped to 15 per cent by 1986 and has since remained close to that level. Severe malnutrition has declined from 2 to 1 per cent. Botswana's U5MR is the second lowest and childhood malnutrition is the fourth lowest in sub-Saharan Africa. Achievements in education are also significant. Primary education enrolment (a seven-year cycle) for children between the ages of 7 and 13 is over 80 per cent and the enrolment of females at primary and junior secondary school levels exceeds that of males. Total enrolment in the education system, including university, has increased more than fivefold, growing from 73,000 in 1966 to 381,000 in 1991.

2. This impressive record has been achieved and sustained over a period of 30 years, at least 15 of which were marked by severe drought. The Government has developed a strong capacity to meet the needs of vulnerable groups in times of disaster and suffering. During the 1991-1993 drought, a large-scale relief and rehabilitation effort was launched through a combination of measures to maintain the health and nutritional status of the population, especially children. Recovery programmes helped members of rural households sustain their livelihoods, ensuring that family nutritional status was protected, thus preventing a crisis.

3. Botswana is an African success story. All gains in development are the direct result of the Government's considerable investments in education, health and other services that were made possible by the rapid economic growth in mineral industries and pragmatic social development planning. Although one of the poorest countries in the world at the time of independence in 1966, Botswana has since developed and sustained one of the strongest economies in southern Africa. Between 1974-1975 and 1991-1992, the real gross domestic product (GDP) grew at an annual average rate of 10.7 per cent, sustaining the highest level of growth in sub-Saharan Africa.

4. However, a stronger effort will probably be required in future to sustain and further those gains. The country's economic performance has been affected by the economic slowdown in the global economy. In September 1992, diamond sales from Botswana on the international market declined, resulting in a loss of revenue and a deficit in the 1992/93 budget, the first in several years. If national earnings from mineral revenues continue to fall, this could necessitate adjustments in the national development plan.

5. Another important problem is poverty. In spite of sustained public investment in social development of between 30 and 45 per cent of GDP over the last 10 years, over 50 per cent of the population still lives below the poverty line, with a wide range in the distribution of national assets and income. The top 20 per cent of the population earns nearly 24 times as much as the bottom 20 per cent. Female-headed households constitute nearly two thirds of those living in poverty. Recurrent droughts have eroded the meagre assets of the

poor, especially in rural areas, and increased both food and economic insecurity. The five major immediate causes of death among children are low birth weight, acute respiratory infections (ARI), protein-energy malnutrition, diarrhoeal diseases and injuries and accidental poisoning. While most health workers have the capacity for the appropriate case management of ARI and diarrhoeal diseases, community-level prevention and response systems still need to be developed.

6. The major challenge is in extending services to the unreached, i.e., the 17 per cent of primary school-age children who are not in school, the 15 per cent of rural dwellers still without access to health facilities and the 31 per cent of the population without access to clean water. While national-level data portray an impressive situation for the average child, the disaggregated 1991 census statistics revealed wide differences in the quality of life across the country. For instance, IMR in the capital city stands at 32 per 1,000 live births, while in the northern district of Ngamiland, the rate is 88 per 1,000 live births. There are also variations in the provision of social services. Although 85 per cent of the population lives within 15 kilometres of a stationary health facility, the range varies considerably from district to district. Access to sanitary means of excreta disposal ranges from 7 per cent in Ngamiland to 77 per cent in the urbanized South East district.

7. The rapid spread of acquired immune deficiency syndrome (AIDS) and the human immunodeficiency virus (HIV) epidemic, particularly among youth and mothers, is a cause of grave concern. Recent sentinel surveillance data show that between one in five and one in three women of reproductive age are HIV-infected. Among them, AIDS is now the leading cause of death and was responsible for 38 per cent of all deaths in 1991, followed by maternal mortality (12 per cent). The factors driving the AIDS epidemic include a high rate of sexually transmitted diseases (STDs), multiple partners, extreme mobility of the population between villages and urban areas, frequent work-related separation of spouses and partners, early age of first sexual intercourse and a high proportion of single men and women. Within the next five years, AIDS will probably rank among the top causes of death for children below the age of five. AIDS-specific child mortality is expected to be 34 per 1,000 live births in 1995 and 57 per 1,000 live births in the year 2000. With an anticipated rise in the number of orphans to more than 30,000 by the year 2000, the toll of AIDS-related child deaths could be much higher.

8. Although 71 per cent of all births are assisted by trained health workers, the maternal mortality rate (MMR) remains around 250 per 100,000 live births, with four districts having an MMR that exceeds 500 per 100,000 live births. Forty-seven per cent of maternal deaths occur among women at high risk, including teenage mothers. The incidence of teenage pregnancy is high, with 24 per cent of girls between 15 and 19 years of age having at least one child. There is a strong linkage between unsafe sex, high levels of teenage pregnancy and the threat of HIV/AIDS transmission.

9. Women have benefited from the country's economic progress, particularly in health and education, but their opportunities to contribute to and participate effectively in development are still limited. The disadvantaged position of women reflects their low status in the society. Gender disparities are not

marked at lower education levels, but females are underrepresented at senior technical and tertiary levels. Under national laws, women are considered minors and their rights to acquire property, pass on citizenship to children and be treated equitably in family welfare and marital matters are restricted. The Government plans to review the discriminatory aspects in legislation that affects women.

10. Children in especially difficult circumstances - out-of-school children, children who are socially or culturally disadvantaged (principally the Basarwa), disabled children and street children and working children - are emerging as a significant group. The promotion of the Convention on the Rights of the Child has led to increased consciousness of the plight of disadvantaged children. Although the country has not yet acceded to the Convention, a long consultative process has resulted in a consensus that the Convention is appropriate for Botswana. Legislation, in general, follows the standards of the Convention, though some harmonization will be necessary, particularly with respect to the rights of girls and children in especially difficult circumstances.

11. A new chapter in social sector analysis and planning began in 1992 with the preparation of a human development strategy, assisted by the United Nations Development Programme (UNDP) and UNICEF, and a national programme of action. Both are coordinated by the Ministry of Finance and Development Planning. The human development strategy analyses the country's development record and prescribes a strategy for the improvement of human well-being through a focused attack on poverty, target-oriented social planning and environmental management. The national programme of action emphasizes a subject-oriented approach for the unreached and most disadvantaged and contains a detailed plan of action to achieve the goals of the World Summit for Children as adapted for Botswana.

PROGRAMME COOPERATION, 1990-1994

12. UNICEF support under the previous programme of cooperation included an approval of $4.8 million from general resources and $5.8 million from supplementary funding. The programme, which focused on primary health care (PHC), basic education and household food and economic security, sought to reduce infant and maternal mortality and improve and promote universal access to basic education, including care and education of the young child.

13. UNICEF support for the health programme was designed to sustain and consolidate the gains already made in PHC, with an emphasis on service delivery, capacity-building, monitoring and evaluation and the strengthening of management at the district level. Acceleration of the expanded programme on immunization (EPI) yielded high coverage against the vaccine-preventable diseases. The 1990 EPI evaluation showed that universal child immunization (UCI), with at least 80 per cent coverage for each antigen, achieved in 1988, was being sustained. The preparation of an EPI policy procedures manual for health workers and formats to improve disease surveillance strengthened the quality of the programme. Surveillance of poliomyelitis, neonatal tetanus and measles now includes a "community alarm system", whereby communities are involved directly in the identification and reporting of cases. As a result, no cases of poliomyelitis or neonatal tetanus have been reported since 1990. Measles, which

now affects primarily school-age children, has shown a progressive decline, from 229 cases per 100,000 persons in 1981 to 44 cases per 100,000 persons in 1992.

14. The control of diarrhoeal diseases (CDD) is aimed at improving case management at health facilities and strengthening the diarrhoeal disease surveillance system through intensified training of health workers. Studies in 1990 showed that 85 per cent of families attending health facilities had access to oral rehydration salts (ORS), 45 per cent of mothers of children with diarrhoea were given ORS and 72 per cent of them used some form of oral rehydration therapy (ORT). They also showed that training for health workers had improved treatment practices at health facilities, while at the community level participation remained low. More than 50 per cent of health workers have also been trained with UNICEF assistance in proper management of children with ARI. A policy manual for the control of ARI has been developed.

15. The safe motherhood initiative was launched in March 1992 with the formation of an intersectoral safe motherhood task force. A situation analysis has been prepared and maternal mortality case studies undertaken. Together they form a basis for developing a comprehensive information, education and communication (IEC) programme for the promotion of safer motherhood. The task force also is monitoring the baby-friendly hospital initiative, which was launched in October 1992 with a broader focus on mother/baby-friendly initiatives, and is certifying the achievements of the hospitals as they fulfil the necessary qualifications.

16. UNICEF has supported the Young Women's Christian Association's (YWCA) peer-approach counselling for teenagers programme, which uses adolescent peers as counsellors in promoting safe sex among youth, and the recently formed Association of Teachers against AIDS, which addresses the AIDS problem through curricular and extracurricular activities.

17. The main objectives of the education programme were (a) to develop functional approaches to basic education for school drop-outs and the newly literate, especially women and girls; (b) to introduce into the basic education curriculum content relevant to different localities and individuals; (c) to improve existing day-care services for children two to six years of age; and (d) to extend literacy and post-literacy programmes to remote areas. The absence of an education project officer, owing to the lack of supplementary funds, was a serious constraint. Nevertheless, UNICEF supported numerous activities, in particular the development of learning materials and booklets in basic and non-formal education covering health, nutrition and environment, and thus laid the groundwork for a more sharply focused programme.

18. Implementation of the care and education of the young child component has proved most difficult because of the lack of government policy and capacity. A national symposium organized with UNICEF assistance in 1990 succeeded in bringing together major stakeholders who recommended strategies for addressing the comprehensive needs of child development. It has been agreed that curriculum and methods will have to be substantially changed.

19. As a follow-up to the World Conference on Education for All, the Government established a national education commission. Among the commission's concerns

were the concept of basic education as it applies to the current curriculum, the lack of vocational training opportunities and the status of early childhood development. UNICEF supported the commission's work on the concept of basic education and early childhood development. UNICEF also supported a major study of girls in Botswana that recommended revision of policy to permit unimpeded re-entry of teenage mothers into schools within one year of delivery; review of curriculum materials, teaching methodologies, learning practices and examinations for gender sensitivity; and the formation of a national reference group in support of girls.

20. The main goal of the household food and economic security programme was to sustain and achieve further improvements in child health and nutrition. Support was provided in four areas: (a) policy design and intersectoral coordination at the national level; (b) strengthening of information systems, particularly data processing and reporting of the national nutrition surveillance system; (c) research on the causes of child and maternal malnutrition and household food insecurity; and (d) community-based interventions for improving food security and nutritional status of vulnerable households in remote districts. In addition, UNICEF assisted training in growth monitoring and promotion, safe motherhood/baby-friendly hospital initiative and household food security monitoring. Experience has also been gained in working with community-based non-governmental organizations (NGOs) in implementing income-generating activities, particularly those aimed at women in remote communities. Hence, the groundwork has been laid for putting the concept of household food and economic security into operations.

21. Botswana was a victim of the severe drought that affected the entire southern Africa region. The drought caused crop failure and poor livestock production, the two main sources of rural income and livelihood for most of the population. The Government, supported by the international community, responded with emergency aid and relief including long-term measures for drought preparedness. UNICEF assistance was limited to the key areas of planning and monitoring, training for the distribution of vitamin- and mineral-fortified weaning food and increasing NGO involvement in drought relief.

Lessons learned

22. Although the Government's preventive efforts for HIV/AIDS have expanded, there is a need for stronger high-level political commitment. A change in strategy is urgently needed to reach more of the nation's youth.

23. The programme focus on women and their development was intended to be cross-cutting, but its expression and impact were negligible. Marked gender disparities exist in most sectors, for example, the existence of a high maternal mortality rate in the face of a well-developed health programme. The high level of poverty affects females primarily, despite a thriving national economy and a relatively transparent system of governance. Therefore, improving the status of women should be a central focus of the women in development strategy.

24. There is a low level of community participation in development programmes. UNICEF should be more supportive to the Government in promoting a participatory approach to development. This approach will include human resource development,

integrated information, education and communication (IEC) approaches to clearly defined target groups and the development of information systems at district and community levels. A policy that recognizes participation as a key strategic element in all programme components, forged through community and individual empowerment, with a focus on integrated community-based initiatives, is essential.

25. The problem of household economic insecurity is difficult to address if a steady stream of children in especially difficult circumstances is continuously sliding into poverty owing to the absence of programmes that provide adequate attention and rehabilitation. UNICEF will need to work with the Government and NGOs to explore alternative education, development and rehabilitation approaches that will provide a safety net for these children.

Country programme preparation process

26. The Human Development Initiative, emphasizing deepening poverty and disparities, and the national programme of action, focusing on disadvantaged groups, provided the foundations for developing a new programme of cooperation. The cooperation will play a critical role in the development of sustainable ways of delivering social services and empowering communities to plan, manage and mobilize resources for the achievement of the decade goals for children and women. Botswana has virtually achieved nine of the mid-decade goals. It is very close to achieving the remainder (80 per cent usage of ORT, the reduction of measles mortality and morbidity and moderate malnutrition and the increase in access to water supply and sanitation). Therefore, the new programme of cooperation will emphasize sustaining the goals achieved and reducing under-five and maternal mortality, addressing the needs of children in especially difficult circumstances and strengthening interventions to prevent AIDS. The new programme was developed under the auspices of the Government/UNICEF programme planning and coordinating committee. The mid-term review of the previous programme and the preparation of the situation analysis of children and women provided the necessary inputs during programme preparation. The committee set up sectoral task forces, including staff of NGOs, to develop draft proposals for the new programme. A preview meeting to discuss the draft proposals was held in July 1993 with the participation of other donors and United Nations agencies.

RECOMMENDED PROGRAMME COOPERATION, 1995-1999

General resources: $5,200,000

Supplementary funding: $9,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	2 393	3 550	5 943
Education for All	880	2 000	2 880
Nutrition, food and economic security	1 380	2 450	3 830
Social mobilization (national programme of action - "reaching the unreached")	340	1 000	1 340
Programme support	207	-	207
Total	5 200	9 000	14 200

a/ A breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Overall programme strategy

27. The aim of the 1995-1999 programme of cooperation is to improve the survival and development of children and women, with particular focus on the most threatened groups and areas of high deprivation. The programme will promote the ability of families to analyse and take action on their priority problems, as well as to make better use of available public services and local resources. Through advocacy and selective support, the programme aims to sustain the major gains in child welfare achieved during the 1980s and early 1990s and to progress towards the goals of the World Summit for Children. The programme will help to mobilize and empower families and communities to invest in the education of their children, improve their livelihoods, health and nutritional status, increase their knowledge and skills and pursue their priorities for a better life.

28. This approach represents a change from previous programme strategies. There will be a shift of emphasis from building national programmes that provide

key basic services that now have, in general, reasonable coverage and national funding, to actions that will help people to make better use of these services and improve their quality and extend these services to still underserved communities. The cooperation will be carried out under the umbrella of the national programme of action and within the framework of the Convention on the Rights of the Child. Its implementation will emphasize needs and priorities at district and community levels nationwide. It will enhance the focus of the national programme of action by empowering women through education and skills training and will address such issues as access to productive assets, credit and job opportunities, legal status and participation in decision-making.

29. The health programme will play a central role in realizing the mid-decade goals and the importance of sustaining the gains made in UCI, ORT and other areas. The nutrition, food and economic security programme will support the strengthening of district information systems, promote community participation and establish systems for the economic empowerment of women in poor communities. The education programme will focus on reaching those who are outside the mainstream of the basic education system and on early childhood care and education. The programme, "reaching the unreached", will give priority to monitoring the goals of the national programme of action, pilot activities for children in especially difficult circumstances and capacity-building for the facilitation of empowerment and social mobilization for children's and women's rights.

Health

30. The health programme will focus on six interrelated priorities: (a) safe motherhood and perinatal health promotion; (b) HIV/AIDS prevention; (c) sanitation promotion and CDD; (d) control of ARI; (e) UCI; and (f) capacity-building. Implementation will be linked to IEC activities, community participation and decentralization of information to enable local-level analysis, planning and mobilization of resources. The programme will contribute to the national programme of action goals of reducing IMR to 30 per 1,000 live births and MMR to 100 per 100,000 live births. The programme will be implemented nationwide and will benefit 300,000 children under five years of age, 350,000 women of child-bearing age and 400,000 teenagers from 10 to 19 years of age.

31. By 1999 the health programme seeks: (a) to achieve and maintain immunization coverage of at least 90 per cent; (b) to eradicate poliomyelitis; (c) to reduce measles mortality and morbidity, compared to pre-immunization levels, by 95 and 90 per cent, respectively; (d) to reduce diarrhoea-related deaths and illness in children under five years old by 40 and 25 per cent, respectively; (e) to reduce ARI-related deaths by 25 per cent; (f) to reduce the neonatal mortality rate by 20 per cent; (g) to reduce the rate of low birth weight to less than 8 per cent; (h) to reduce the incidence of STDs and teenage pregnancy by over 30 per cent; (i) to sustain the average birth interval at 3.5 years; (j) to increase the number of pregnant mothers properly screened for risk to 80 per cent and the proportion of pregnant women attending antenatal care at least four times to 95 per cent; (k) to increase the proportion of births supervised by health personnel to 90 per cent; (l) to train traditional

birth attendants in areas with low access to health facilities to provide safe services; and (m) to eliminate neonatal tetanus by 1995.

32. Improvements in EPI delivery and disease surveillance are necessary for the sustainability of UCI, the elimination of neonatal tetanus, the eradication of poliomyelitis and the control of measles. The installation of a "community alarm system" will serve to promote community sensitivity to case definitions and their participation in monitoring vaccine-preventable diseases.

33. Since the reproductive health of women has been a neglected area, the safe motherhood project is designed to reduce maternal mortality and improve reproductive health. By working through the media and NGOs to raise awareness of the problem and to mobilize support, the project will support initiatives to empower women and girls to take control of their own health, to change the attitudes of health workers and to tackle the problems of women at high risk. Given those focuses, there will be a strong linkage with prevention of HIV/AIDS, which will be a key project with emphasis on education and social action undertaken jointly with NGOs and the Government.

34. The CDD and control of ARI projects will support prevention and management of these diseases. The projects will be integrated with government initiatives in enhancing child nutrition and giving appropriate curative care. Activities will also include the empowerment of families to understand the tenets of prevention, management and referral to health services. With regard to the sanitary disposal of human waste, which will be the most difficult global goal to achieve, the sanitation improvement component of the CDD project will be based on a participatory approach. Through promoting people's understanding of hygiene and utilizing communication and animation techniques, community interest will be organized to set targets, make choices of the appropriate technologies and mobilize resources to achieve coverage targets. Activities will be initiated in six districts (five rural and one urban) and expanded to more districts after the mid-term review.

35. Improving the capacity of the Government and communities is critical for the successful implementation of the health programme. Thus, the capacity-building project will be directed at promoting the improvement of district health management, including planning, monitoring and evaluation.

Education for All

36. The education programme will aim to contribute to the goals of the national programme of action, including (a) universal access to and improvement of the quality and relevance of basic education; (b) promotion of early childhood development, with an emphasis on family and community interventions; (c) elimination of illiteracy; and (d) improvement of knowledge, skills and values for better living. The programme objectives are (a) to improve the quality and double the access to early childhood education; (b) to provide access to basic education for unreached children and adults; (c) to promote alternative programmes of basic education; and (d) to improve the quality and relevance of basic education for children and adults. The programme will consist of both national and community-based projects and will seek to reach children of primary school-age who are not attending school (street children,

children in remote areas, herdboys and disabled children), teenage mothers or girls who dropped out of school because of pregnancy and children under the age of three years, through parental education and in communities in peripheral urban and remote areas.

37. The early childhood development project aims to promote optimal physical, mental, emotional and psycho-social growth of children in the first six years of life. The project will focus on promoting and supporting home-centred approaches and community-managed child-care centres. Essential knowledge and skills about early child care and stimulation will be provided through literacy and post-literacy classes, which will be complemented by other activities, including radio and child-to-child activities. UNICEF will support operational research, training, provision of supplies and technical assistance, monitoring, evaluation and social mobilization. The project also seeks to improve the quality and extend the coverage of training, learning and recreational materials and in-service teacher training.

38. In the formal system, UNICEF will cooperate with the Government in providing access to basic education for the unreached 17 per cent of primary school-age children through various alternative, innovative approaches. Support will focus on the development of modules for specific groups, e.g., teenage mothers and drop-outs. UNICEF will help to mobilize resources from other sources to address the needs of children with disabilities. Improving the quality and relevance of learning in primary schools will involve testing innovative methods and promoting community involvement in order to generate experiences that can be applied to similar situations. The project on basic education for pregnant schoolgirl drop-outs will increase the effectiveness of the present teenage mothers' pilot project and expand alternative, complementary, non-formal programmes to other parts of the country. Hence, this will influence both national policy and specific programming practices nationwide.

39. UNICEF will also support the peer-approach counselling for teenagers programme as a preventive strategy to curb teenage pregnancies in schools. This approach uses peer educators from schools who receive training to interact and educate other youth on sexuality, AIDS and related topics. Collaboration will include AIDS education for youth; the review and development of learning and teaching materials on family life; and health, environmental and population education for both primary school children and literate adults. A review of classroom practices, the school's overall learning environment, curricular materials and methods for gender sensitivity will provide information for policy development and appropriate action to enhance female participation and performance in education.

40. The Government is planning to incorporate more effective strategies for its nationwide post-literacy programme within the framework of lifelong education. UNICEF will support a pilot project that will address the low literacy level of marginal groups in selected communities. This will include conducting a needs assessment; organizing a literacy learning system; delivering functional teaching and learning materials; integrating learning with development activities, monitoring and evaluation; and developing a system to sustain the gains in literacy.

Nutrition, food and economic security

41. This programme will build on the previous household food and economic security programme, with greater emphasis on linkages between malnutrition, food insecurity and poverty. It will give priority to strengthening multisectoral efforts to alleviate malnutrition and poverty among vulnerable groups. The strengthening of government capacity to achieve goal-oriented and participatory planning at both national and district levels will be continued, with greater intensity in selected districts. Expansion of the available database and its use, particularly at the district level, will improve the targeting and management of programmes aimed at malnutrition and poverty reduction. Community-based interventions will be expanded in districts where the incidence of malnutrition and poverty is especially high.

42. The programme objectives include (a) reduction in moderate malnutrition among children under five years old from 15 to 8 per cent and the virtual elimination of severe malnutrition; (b) virtual elimination of vitamin A deficiency and iodine deficiency disorders and the reduction of iron deficiency anaemia in women by one third of the 1992 level; and (c) improvement of the information base and human resource capacity for better targeting and monitoring of activities aimed at child and maternal nutrition and household food and economic security. Child growth promotion and monitoring activities will be expanded and food security will be promoted among resource poor, female-headed households in communities with high rates of malnutrition and poverty.

43. Strategies to achieve those objectives will include (a) identifying and closing gaps in policy and information systems in protein-energy malnutrition, micronutrient deficiencies, poor child-feeding practices and food security; (b) participatory training exercises to equip planners, decision makers and extension agents with goal-oriented planning and conceptual approaches; (c) application of such approaches with communities experiencing high malnutrition and poverty; (d) support to these communities in undertaking their own triple-A (assessment, analysis and action) processes, especially for low-cost community-based actions and in monitoring the impact on such key indicators as child growth.

44. The programme will include both national and district-level community-based initiatives. National initiatives include strengthening key agencies to improve their capacity for planning and management of interventions aimed at such vulnerable groups as female-headed households and communities in remote areas. The production and dissemination of nutrition, food and economic security-related planning guidelines and the development of information systems will be key activities. Community-based interventions will focus initially on two districts, Kgalagadi and Chobe, which have the highest child malnutrition rates and where poverty is high. In both districts, intensive activities geared towards the poor will be implemented. The reduction of disparities across different regions and socio-economic groups will be the major aim of these interventions. Close linkages will be forged with PHC, basic education and social mobilization components of the cooperation, particularly in areas where integrated community-based projects will be implemented.

45. In line with the "Consensus of Dakar", the programme proposes the elimination of micronutrient deficiencies, particularly vitamin A and iodine, by 1995. To achieve those goals, UNICEF will support both short-term (fortification and supplementation) and long-term (production and consumption of vitamin A and iodization of salt) strategies.

National programme of action: reaching the unreached

46. The national programme of action identifies the main problems affecting children and women, determines priorities for action within its framework and establishes linkages with potential partners. The objectives of the programme are (a) to reduce the number of working children and street children by one third; and (b) to develop a national platform of advocacy and social mobilization for the national programme of action and country programme priorities, working with the Government, NGOs, institutions and the media. This programme will consist of policy development and monitoring of child goals; identification of children in especially difficult circumstances; capacity-building for planning and organization of resources; and social mobilization for children's and women's rights.

47. Policy development and monitoring of the goals for children will contribute to the strengthening of government structures, institutions and NGOs that are concerned with child welfare and new mechanisms to deal with the major problems of children. The establishment of a national office for children, with the capacity to plan, support and monitor the implementation of the national programme of action initiatives, is critical. UNICEF will support the task force charged with these efforts. UNICEF also will support the analysis of disaggregated and subnational baseline data and the development of a system to monitor and evaluate progress towards the national programme of action goals. The Central Statistics Office and the National Institute for Research and Documentation will cooperate in the storage and transfer of information to and from the districts. Assistance will be provided for the harmonization of legislation to meet the standards of the Convention on the Rights of the Child.

48. The project on social mobilization for children's and women's rights will support advocacy, information, education and capacity-building as tools for mobilizing various community organizations in support of the national programme of action, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The project will strengthen capacities for communication activities, which will involve the media, churches, schools and NGOS. Advocacy and education will promote interorganizational alliance-building and networks. New materials, including audiovisual aids, will be produced on themes related to the rights of children and women.

49. The project on capacity-building for planning and organization of resources will support training and orientation of those directly concerned with children's services: the district leadership, local authorities and communities. Capacity-building of social workers, street educators and volunteers in communication/animation techniques and problem-solving approaches will be a prerequisite. Assistance will be provided for the training of NGOs to improve their organizational capacity and outreach.

50. The project for children in especially difficult circumstances will utilize the framework of the national programme of action to assess the situation and develop appropriate responses at the district and community level. Priority groups of these children will be identified and encouraged through participatory processes to reflect, analyse and determine actions for achieving common goals. UNICEF will support research to identify the needs of these children and their families and community environments, as well as the formation and strengthening of partnerships and alliances for child survival, development and protection.

Monitoring and evaluation

51. The entire programme of cooperation will require enhanced monitoring capacity so that appropriate data are produced and adequately disaggregated to track gender and regional disparities. Ongoing monitoring of programme input and output indicators will be coordinated by the sectoral ministries as part of their regular information-gathering activities. A system will be designed to standardize monitoring indicators. Furthermore, there will be increased reliance on implementing agencies at the grass-roots level for the generation and preliminary analysis of input and output indicators. This focus will support the government policy of progressive decentralization. Monitoring at these levels will be augmented by establishing rapid assessment procedures and community sentinel site studies.

52. UNICEF will develop an integrated project progress report linked to the financial monitoring system. An annual review of the implementation of the country programme will be conducted each year by the Programme Planning and Coordinating Committee and chaired by the Ministry of Finance and Development Planning. This will provide the basis for formulating the annual project plans of action and budgets. In 1997, the Ministry of Finance and Development Planning and UNICEF, together with sectoral ministries, will conduct a mid-term review of the programme to assess the effectiveness of strategies. Operations research will help to facilitate further programme development, monitoring and mid-term programme course corrections.

Cooperation with United Nations and other agencies

53. The country programme strategy and design have taken account of the joint UNDP/UNICEF Human Development Initiative, which provided a broad policy framework for the national programme of action and also serves as the starting point for developing a country strategy note. The strategy note will be prepared during 1994 by the Government, with the assistance of the United Nations system.

54. Effective coordination and complementarity with other United Nations partners, NGOs and external cooperating agencies is an essential strategy of the proposed cooperation. Continual cooperation with the United States Agency for International Development (USAID), the Norwegian Agency for International Development (NORAD) and the Swedish International Development Authority (SIDA) will be important. Within the United Nations system, collaboration with the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) will be strengthened to support the safe motherhood initiative and the wider utilization of family planning services. Partners in education include the

United Nations Educational, Scientific and Cultural Organization (UNESCO), which is involved in capacity-building, and SIDA, which supports distance education and the development of educational materials.

Fund-raising

55. Supplementary funding will be sought from donor agencies with resident missions, National Committees for UNICEF and the private sector, especially for those activities that are aimed at reducing disparities through concerted efforts by the Government, communities and NGOs. Private sector fund-raising will assist disadvantaged youth in both rural and urban areas. The country programme will also provide a framework for donors to support the national programme of action. The safe motherhood initiative requires broad-based support to improve and expand services for women at risk. Some synchronization of preventive health activities for women has already taken place with USAID and NORAD. The Bernard van Leer Foundation has agreed to provide technical support to early childhood development.

Programme management

56. Overall coordination of implementation of the cooperation will be the responsibility of the Ministry of Finance and Development Planning, which will collaborate with UNICEF on all aspects of the programme, especially intersectoral coordination among participating ministries, NGOs and other agencies at all levels. The ministries and agencies responsible for implementing programmes and projects will designate a senior officer as the counterpart to UNICEF for implementation, including the preparation of periodic progress reports. Participating NGOs and UNICEF will also have joint plans of action. Programme activities pertaining to the increased focus on districts will be monitored by district task forces that will formulate, implement and monitor the district plans of action for children within the framework of the national programme of action.

57. The UNICEF representative is currently supported by four international Professional staff in health, nutrition, food and economic security, programme coordination and administration and finance. National Professional officers work in health and nutrition, food and economic security. There is also a need for a project officer in health for the promotion of sanitation and CDD and an assistant project officer to support and promote the concept of education for all, given an expected upsurge in these areas. Both posts will be funded from supplementary funds. United Nations volunteers will be sought to support expanded IEC and HIV/AIDS prevention activities. Staff costs will rise to 19 per cent of total planned programme expenditure, as compared to 11 per cent in the previous programme.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Botswana	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	58	(1992)	Middle U5MR
Infant mortality rate	45	(1992)	Middle IMR
GNP per capita	$ 2530	(1991)	Lower-middle GNP
Total population	1.3 million	(1992)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1992
Births	(thousands)	33	46	49	51
Infant deaths (under 1)	(thousands)	3	3	2	2
Under-five deaths	(thousands)	5	4	3	3
Under-five mortality rate (per 1,000 live births)		139	94	62	58
Infant mortality rate (under 1) (per 1,000 live births)		98	69	47	45

		About 1980	Most recent
Underweight children (under 5)	Moderate & severe	..	15
(% weight for age, 1987)	Severe	..	..
Babies with low birth weight (%, 1981/1988)		13	8 *
Primary school children reaching final grade (%, 1988)		..	95

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1988)	..	41
Timely complementary feeding rate (6-9 mos.) (%, 1988)	..	82
Continued breast-feeding rate (20-23 mos.)(%, 1988)	..	23
Prevalence of wasting (%, 1981)	19	..
Prevalence of stunting (%, 1981)	51	..
Daily per capita calorie supply (% of requirements, 1979-81/1990)	93	97
Total goitre rate (1989)	..	8
Household expenditure All food/cereals	..	25 / 12
(% of total income, 1980-85)		

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1992)		..	64
Access to health services	Total	89	..
(% of population, 1980)	Urban/rural	100 / 85	.. / ..
Access to safe water	Total	..	90
(% of population, 1990)	Urban/rural	.. / ..	100 / 88
Access to adequate sanitation	Total	..	88
(% of population, 1990)	Urban/rural	.. / ..	100 / 85
Births attended by trained personnel (%, 1989)		..	78 *
Maternal mortality rate (per 100,000 live births, 1985)		..	250

Immunization		1981	1985	1990	1992
One-year-olds (%) immunized against:	Tuberculosis	80	68	92	71
	DPT	64	68	86	82
	Polio	71	67	82	82
	Measles	68	68	78	65
Pregnant women (%) immunized against:	Tetanus	32	17	62	46

* UNICEF field office source.

TABLE 1 (continued)

Botswana

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1990)	Total	92 / 76	110 / 91
	Male	84 / 70	107 / 88
	Female	100 / 83	112 / 93
Secondary enrolment ratio (gross/net) (%, 1980/1990)	Total	21 / 16	46 / 36
	Male	20 / 14	44 / 33
	Female	22 / 18	47 / 39
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	41	74
	Male/female	37 / 44	84 / 65
Radio/television sets (per 1,000 population, 1990)		.. / ..	115 / 15

DEMOGRAPHIC INDICATORS		1970	1980	1990	1992	2000**
Total population	(thousands)	623	902	1238	1313	1650
Population aged 0-15 years	(thousands)	336	446	600	631	738
Population aged 0-4 years	(thousands)	134	167	214	221	261
Urban population (% of total)		9	15	25	28	37
Life expectancy at birth (years)	Total	50	55	60	61	65
	Male	48	52	57	58	63
	Female	52	58	63	64	68
Total fertility rate		6.9	6.8	5.3	5.1	4.4
Crude birth rate (per 1,000 population)		53	50	40	39	35
Crude death rate (per 1,000 population)		17	15	10	10	7

		About 1980	Most recent
Contraceptive prevalence rate (%, 1976/1988)		8	33
Population annual growth rate (%, 1965-80/1980-92)	Total	3.3	3.1
	Urban	13	8.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-80/1980-91)		9.9	5.6
Inflation rate (%, 1965-80/1980-91)		8	13
Population in absolute poverty (%, 1980)	Urban/rural	40 / 55	.. / ..
Household income share (%, 1986)	Top 20%/bottom 40%	.. / ..	66 / 6
Government expenditure (% of total expenditure, 1980/1990)	Health/education	5 / 22	5 / 21
	Defence	10	13
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	8 / 18
Official development assistance: (1980/1991)	$US millions	106	131
	As % of GNP	13	4
Debt service (% of goods and services exports, 1980/1991)		2	3

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1994 a/

COUNTRY: BOTSWANA
LATEST BOARD APPROVAL: 1993
GENERAL RESOURCES: $4 605 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	233	268	487	27	169	278	533	62	1 422	2 126	635	2 000	2 057	4 126
Household food security	74	63	244		235		269	25	822	1 063	88	2 000	910	3 063
Education	67		109		1		263		440	786		981	440	1 767
Young child development	10		64				94		168	130		519	168	649
Women-centred programme					106				106				106	
Programme support	3		10		218		178		409	500			409	500
Emergency		31						42			73	80	73	80
GRAND TOTAL	387	362	914	27	729	278	1 337	129	3 367 b/	4 605 c/	796	5 580 d/	4 163	10 185

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 16 December 1993.
b/ Including expenditure from global fund and additional general resources for unfunded supplementary funding.
c/ Including additional general resources $2 105 000 (E/ICEF/1993/P/L.26).
d/ Of this amount, $4 822 500 remains unfunded.

/...

TABLE 3. PLANNED EXPENDITURE, 1995 - 1999

(In thousands of United States dollars)

Country: BOTSWANA **Period covered: 1995 - 1999**	**Funding status**	**1995**	**1996**	**1997**	**1998**	**1999**	**Total**
Health	GR	553	460	460	460	460	2 393
	NSF	710	710	710	710	710	3 550
Education	GR	200	170	170	170	170	880
	NSF	400	400	400	400	400	2 000
Nutrition, food and economic security	GR	300	270	270	270	270	1 380
	NSF	490	490	490	490	490	2 450
Social mobilization	GR	100	60	60	60	60	340
	NSF	200	200	200	200	200	1 000
Programme support	GR	47	40	40	40	40	207
TOTAL	GR	1 200	1 000	1 000	1 000	1 000	5 200
	NSF	1 800	1 800	1 800	1 800	1 800	9 000
GRAND TOTAL		3 000	2 800	2 800	2 800	2 800	14 200

GR = General resources.
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

BOTSWANA

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1995-1999 (In thousands of US dollars)				POSTS a/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health	2 393			2 393				1			1	1	2	4	647	232	879
Education	880			880													
Nutrition, food and economic security	1 380			1 380				1			1	1	2	4	647	232	879
Social mobilization	340			340													
Programme support	207			207									1	1		89	89
TOTAL GR	5 200			5 200				2			2	2	5	9	1 294	553	1 847
SUPPLEMENTARY FUNDING																	
Health			3 550	3 550													
Education			2 000	2 000													
Nutrition, food and economic security			2 450	2 450													
Social mobilization			1 000	1 000													
TOTAL SF			9 000	9 000													
TOTAL GR & SF				14 200				2			2	2	5	9	1 294	553	1 847
ADM. AND PROGRAMME SUPPORT BUDGET	Operating costs			646													
(Proposed, 1994-1995)	Staffing c/			1 147			1	1	1		3	1	5	9	745	402	1 147
GRAND TOTAL (GR + SF + ADM)							1	3	1		5	3	10	18			
	Number of posts and staff costs:																
	- At the beginning of previous programme (1990)										5	2	7	14	N/A	N/A	N/A
	- At the beginning of proposed programme (1995)										5	3	10	18	N/A	N/A	N/A
	- At the end of proposed programme (1999) (Indicative only)										5	3	11	19	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ Project posts are funded for five years; core posts are funded for two years.

c/ The posts are effective as of 1 January 1994.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.